



FACULTY OF JURIDICAL SCIENCES

COURSE: BALLB

Semeste: IV

SUBJECT: SOCIOLOGY –

III

SUBJECT CODE: BAL-401

NAME OF FACULTY: DR

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Lecture- 32



Old Age

A man's life is normally divided into five stages namely: infancy, childhood, adolescence, adulthood and old age. In each of these stages an individual's finds himself in different situations and faces different problems. Old age is viewed as an unavoidable, undesirable and problem ridden phase of life. Problems of aging usually appear after the age of 65 years. These problems may be divided under 5 heads: (i) Physiological (ii) Psychological (iii) Social (iv) Emotional (v) Financial

1. Physiological Problems: Old age is a period of physical decline. Even if one does not become sans eyes, sans teeth, sans everything, right away, one does begin to slow down physically. The physical condition depends partly upon hereditary constitution, the manner of living and environmental factors. Vicissitudes of living, faulty diet, malnutrition, infectious, intoxications, gluttony, inadequate rest, emotional stress, overwork, endocrine disorders and environmental conditions like heat and cold are some of the common secondary causes of physical decline. Due to the loss of teeth, the jaw becomes smaller and the skin sags. The cheeks become pendulous with wrinkles and the eye lids become baggy with upper lids over hanging the lower. The eyes seem dull and lustreless and they often have a watery look due to the poor functioning of the tear glands. Loss of dentures affect speech and some even appear to lisp. The skin becomes rough and loses its elasticity. Wrinkles are formed and the veins show out prominently on the skin. Perspiration is less profuse and other skin pigmentation appears as the age advances. The hair becomes thin and grey, nails become thick and tough. Tremors of the hands, forearms, head and lower jaw are common. Bones harden in old age, become brittle and are subject to fractures and breaks. Changes in the nervous system have a marked influence on the brain. Atrophy is particularly marked in the spleen, liver and soft organs. The ratio of heart weight to body weight decreases gradually. The softness and pliability of the valves change gradually because of an increase in the fibrous tissue from the deposits of cholesterol and calcium. The aged are also prone to heart disease, other minor ailments and chronic diseases. Due to the weakening regulatory mechanism, the body temperature is affected. Therefore the old persons feel the change in climate more profoundly than others. They suffer from digestive troubles, insomnia. Due to dental problems they are not able to chew or swallow well. The old are more accident prone because of their slow reaction to dangers resulting in malfunctioning of the sense organs and declining mental abilities, the capacity to work decreases. Eyes and ears are greatly affected. Changes in the nerve centre in the brain and retina affect vision and sensitivity to certain colours gradually decreases. Most old people suffer from farsightedness because of diminishing eye sight. With advancing age, the sexual potency decreases along with a waning of secondary sex characters. Women go through menopause generally at the age of 45 – 50 years accompanied by nervousness, headaches, giddiness, emotional instability, irritability and insomnia. The movements of the aged are fewer co-ordinates. They get fatigued easily. Due to lack of motivation, they do not take interest to learn new skill and become lethargic. Above all visits to the doctor becomes a routine work for them.

2. Psychological Problems: Mental disorders are very much associated with old age. Older people are susceptible to psychotic depressions. The two major psychotic disorders of older people are senile dementia (associated with cerebral atrophy and degeneration) and psychosis with cerebral arterio sclerosis (associated with either blocking or ruptures in the cerebral arteries). It has been observed that these two disorders account for approximately 80% of the psychotic disorders among older people in the civilized societies.

(1) Senile Dementia: Older people suffer from senile dementia. They develop symptoms like poor memory, intolerance of change, disorientation, restlessness, insomnia, failure of judgement, a gradual formation of delusion and hallucinations, extreme-mental depression and agitation, severe mental clouding in which the individual becomes restless, combative, resistive and incoherent. In extreme cases the patient become bed ridden and resistance to disease is lowered resulting in his days being numbered.

(2) Psychosis with cerebral Arteriosclerosis: This is accompanied by physiological symptoms such as acute indigestion, unsteadiness in gait, small strokes resulting in cumulative brain damage and gradual personality change. Convulsive seizures are relatively common. This is also associated with symptoms such as weakness, fatigue, dizziness, headache, depression, memory defect, periods of confusion, lowered efficiency in work, heightened irritability and tendency to be suspicious about trivial matters. Forgetfulness is one of the main

psychological problems of old age. General intelligence and independent creative thinking are usually affected in old age. 3. Emotional Problem: Decline in mental ability makes them dependent. They no longer have trust in their own ability or judgements but still they want to tighten their grip over the younger ones. They want to get involved in all family matters and business issues. Due to generation gap the youngsters do not pay attention to their suggestion and advice. Instead of developing a sympathetic attitude towards the old, they start asserting their rights and power. This may create a feeling of deprivation of their dignity and importance. Loss of spouse during old age is another hazard. Death of a spouse creates a feeling of loneliness and isolation. The negligence and indifferent attitude of the family members towards the older people creates more emotional problems. 4. Social Problems: Older people suffer social losses greatly with age. Their social life is narrowed down by loss of work associated, death of relatives, friends and spouse and weak health which restricts their participation in social activities. The home becomes the centre of their social life which gets confined to the interpersonal relationship with the family members. Due to loss of most of the social roles they once performed, they are likely to be lonely and isolated severe chronic health problem enable them to become socially isolated which results in loneliness and depression. 5. Financial Problem: Retirement from service usually results in loss of income and the pensions that the elderly receive are usually inadequate to meet the cost of living which is always on the rise. With the reduced income they are reversed from the state of "Chief bread winner to a mere dependent" though they spend their provident fund on marriages of children, acquiring new property, education of children and family maintenance. The diagnosis and treatment of their disease created more financial problem for old age. Old age is a period of physical deterioration and social alienation in some cases, loss of spouse, friends, Job, property and physical appearance. In old age physical strength deteriorates, mental stability diminishes, financial power becomes bleak and eye sight suffers a setback. It is a period of disappointment, dejection, disease, repentance and loneliness. Nevertheless grandparents provide an additional source of affection and enrichment of experience in respect of child care and family business. Despite various problems of old age, one must keep himself actively engaged for the personal well being and social good as well.

Physical disability A physical disability is a limitation on a person's physical functioning, mobility, dexterity or stamina.[1] Other physical disabilities include impairments which limit other facets of daily living, such as respiratory disorders, blindness, epilepsy[2] and sleep disorders. Causes] Prenatal disabilities are acquired before birth. These may be due to diseases or substances that the mother has been exposed to during pregnancy, embryonic or fetal developmental accidents or genetic disorders. Perinatal disabilities are acquired between some weeks before to up to four weeks after birth in humans.[3] These can be due to prolonged lack of oxygen or obstruction of the respiratory tract, damage to the brain during birth (due to the accidental misuse of forceps, for example) or the baby being born prematurely. These may also be caused due to genetic disorders or accidents.[citation needed] Post-natal disabilities are gained after birth. They can be due to accidents, injuries, obesity, infection or other illnesses. These may also be caused due to genetic disorders.

{\cn|date=May 2015} Types[Mobility impairment includes physical defects, including upper or lower limb loss or impairment, poor manual dexterity, and damage to one or multiple organs of the body. Disability in mobility can be a congenital or acquired problem or a consequence of disease. People who have a broken skeletal structure also fall into this category. Visual impairment is another type of physical impairment. There are hundreds of thousands of people who suffer greatly from minor to various serious vision injuries or impairments. These types of injuries can also result in severe problems or diseases such as blindness and ocular trauma. Some other types of vision impairment include scratched cornea, scratches on the sclera, diabetes-related eye conditions, dry eyes and corneal graft, macular degeneration in old age and retinal detachment. Hearing loss is a partial or total inability to hear. Deaf and hard of hearing people have a rich culture and benefit from learning sign language for communication purposes.[citation needed] People who are only partially deaf can sometimes make use of hearing aids to improve their hearing ability. Speech and language disability : the person with deviations of speech and language processes which are outside the range of acceptable deviation within a given environment and which prevent full social or educational development Physical impairment can also be attributed to disorders causing, among others, sleep deficiency, chronic fatigue, chronic pain, and seizures. Physical disability

Physical disability is a limitation on a person's physical functioning, mobility, dexterity or stamina. Best estimates say that about 10% of Australians have a significant physical disability in any one year (Australian Institute of Health and Welfare website and Physical Disability Council of NSW website). A physical disability can be temporary, short-term or long term. Some conditions may go into remission; others may come and go with no particular pattern, or there may be gradual deterioration. A person may be born with a physical disability or acquire it later in life through accident, injury, illness or side effects of medical treatment. Some examples of physical disability include: • Cerebral palsy • Spinal cord injury • Amputation • Multiple sclerosis • Spina bifida • Musculoskeletal injuries (eg back injury) • Arthritis • Muscular dystrophy

Affects and adjustments

Remember! No two people with the same disability experience the same affects at work! Employees with disability are not likely to have all the listed disability features OR affects at work! Most people have just a few of those listed; you'll only know by asking the person directly. Here are some examples of how an employee with a physical disability may be affected at work. They may have difficulties with:

- Accessing workstations, meeting rooms, bathrooms etc
- Fatigue
- Manipulating objects, for example handwriting, handling files or using certain tools
- Using a standard computer keyboard or mouse
- Holding a telephone handset
- Travelling to and from work during 'peak hour'
- Medication side effects

Possible workplace adjustments for people with physical disability

The following examples of workplace adjustments are only examples! These examples will not suit everybody. In each case the best supports in the workplace can only be discovered through conversations between employer, employee and, if needed, a disability specific employment specialist. Some examples of workplace adjustments that have been used for people with physical disability include:

- Workstation redesign, including provision of appropriate seating, height adjustable work stations etc.
- More frequent and flexible breaks.
- Keeping corridors and walkways clear of obstacles.
- Providing access to accessible lifts, bathrooms, kitchens, meeting rooms etc
- Providing a reserved parking space close to the person's workplace, so that they can rely on using their own private transport.
- Providing assistive technology to help with computer-based work, such as speech recognition software and/or modified IT equipment such as mouse or keyboard.

When meeting together with a person using a wheelchair, make sure you leave a space free for the person to sit at the meeting table. Let the person know that you are keen to work together to find practical strategies that will allow them to perform their work duties and be a part of the workplace. Keep questions about the person's disability to the affects at work and what supports can be put in place to accommodate the affects, rather than questions about prognosis, how the person got the disability and/or any other irrelevant personal details. Remember that there may be aspects of the person's physical disability that affect them at work that are not 'visible' or apparent to others. Offer discretion and protect the person's privacy. Make eye contact and speak directly to the person with a disability. Where possible, sit down to speak with a person using a wheelchair so that you are at the same eye level.